



JUNIOR AND ADULT CLASS REGISTRATION FORM

REGISTRATION INFORMATION

Registration is first come, first served. Email is the best opportunity for getting into the program of your choice!
 Call our office if you do not receive a confirmation email within 7 days of mailing/faxing your request.
 An assessment is required for all levels except for Bronze and Adult Beginners.
 All classes are based on a maximum of 20 participants and minimum of 4.
 Payment must be received in full for all sessions prior to first lesson. Shuttles are provided by SBC.
 Please note there is no makeup for classes missed.

EMAIL: coach@seattlebadminton.com	PHONE-IN: Please call (425) 889-5958 to reserve your spot during office hour.	MAIL IN: Send form and payment to: 10858, 117th Pl NE, Kirkland, WA 98033	FAX IN: Fax form to (425) 484-0015	WALK IN: Office Hour: Mon-Fri: 6pm - 10pm Sat: 1pm - 9pm Sun: 1pm - 5:30pm
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Participant Name:	<input type="checkbox"/> MEMBER <input type="checkbox"/> NON-MEMBER	Gender (M/F):
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Address

Primary Phone #:	Alternative Phone #:
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Email address	Emergency Contact: Name /Phone #:
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Class Name	Lesson Day of the Week	Scheduled Absent Days	Fee
		Discount (%):	
		Tax:	
		Total:	

Hold Harmless Agreement
 Indemnification. In consideration for myself and/or my child being allowed to participate in the subject activity, for myself, my heirs and personal representatives, to the extent allowed by law, I hereby waive and release all claims for damages I or my child now or may hereafter have against Seattle Badminton Club and their agents for any injuries and damages suffered in connection with my or my child's participation. I further agree to defend, indemnify and hold harmless Seattle Badminton Club and their agents from all claims for injury or death, or for loss or damage to property, filed by anyone against Seattle Badminton and their agents which arises out of my or my child's participation, except for injury or damage caused by the sole negligence of Seattle Badminton Club and their agents. I, the undersigned participant and/or parent or guardian of the minor participant, give my permission to have photos/video tapes taken, without recompense, during activities and used for publicity purposes.

Signature: _____ Date: _____
 Signature of Parent Guardian Participant

Method of Payment

Credit Card
 Check
 Cash